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FAX TRANSMISSION**DATE:** May 2, 2007**PTO IDENTIFIER:** Application Number 09/604693-Conf. #4996
Patent Number**Inventor:** Markus POMPEJUS et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** LAHIVE & COCKFIELD, LLP

Maria Laccotripe Zacharakis, Ph.D., J.D.

PHONE: (617) 227-7400**Attorney Dkt. #:** BGI-130CPRCE**PAGES (Including Cover Sheet):** 14**CONTENTS:**
Transmittal (1 page)
Fee Transmittal (1 page, in duplicate)
Request for Two Month Extension of Time (1 page)
Second Amendment and Response to Final Office Action (8 pages)
Certificate of Facsimile Transmission (1 page)
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PTO/SB/97 (08-04)
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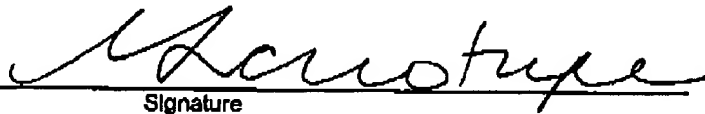
Application No. (if known): 09/804,893

Attorney Docket No.: BGI-130CPRCE

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56,268
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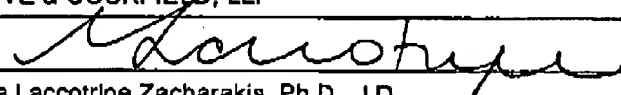
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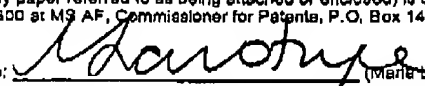
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/604693-Conf. #4996
	Filing Date	June 27, 2000
	First Named Inventor	Markus POMPEJUS
	Art Unit	1652
	Examiner Name	R. G. Hutson
Total Number of Pages in This Submission	Attorney Docket Number	BGI-130CPRCE

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Facsimile Transmission
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	LAHIVE & COCKFIELD, LLP	
Signature		
Printed name	Marla Laccotripe Zacharakis, Ph.D., J.D.	
Date	May 2, 2007	Reg. No. 56,266

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Dated: May 2, 2007	Signature:  (Marla Laccotripe Zacharakis, Ph.D., J.D.)

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PTO/SB/17 (12-04v2)

Approved for use through 7/31/2008. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Effective on 12/05/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 450.00

Complete If Known

Application Number 09/604693-Conf. #4898
Filing Date June 27, 2000
First Named Inventor Markus POMPEJUS
Examiner Name R. G. Hutson
Art Unit 1652
Attorney Docket No. BGI-130CPRCE

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$)

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1252 Extension for response within second month

Fees Paid (\$)

450.00

SUBMITTED BY

Signature: Maria Laccotripe Zacharakis, Ph.D., J.D. Registration No. 58,266 Telephone (817) 227-7400
Name (Print/Type) Maria Laccotripe Zacharakis, Ph.D., J.D. Date May 2, 2007

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Dated: May 2, 2007

Signature: Maria Laccotripe Zacharakis, Ph.D., J.D.